

Washington State Parent Child Interaction Therapy Quality Assurance and Improvement System

Introduction

Principles of Quality Assurance and Improvement

Given the sensitive nature of family therapy quality assurance information, it is important to clearly identify the principles of the model prior to implementation. The Washington State PCIT quality assurance and improvement system is based on the following principles:

A. Sustaining quality delivery of PCIT services to families and seeking opportunities for improvement of PCIT services.

Monitoring and Tracking provider model fidelity (sustaining quality) based on:

- reliable and valid measures
- from multiple domains (adherence and competence)

B. Identifying opportunities for improvement of PCIT services.

Quality improvement (opportunities for improvement) is based on:

- Ongoing, specific, and timely consultant feedback based on accurate measure of model fidelity (adherence and competence).
- A systematic and individualized plan of therapist improvement

Initial Qualifications and PCIT training

A. Educational Requirement

PhD or Master's degree in Social Work, Psychology, Education, or related field –OR– Bachelor's degree in the same with at least two years relevant work experience –OR— special provisions shall be made in unique circumstances such as special populations and/or language specific agencies whereby 4 to 6 years experience working with parents, children and families may be substituted for a Bachelor's degree, as long as on-site master's level consultation is available to the PCIT provider.

B. Pre-Training Requirements

- Experience working with children and families.
- Familiarity with *Parent Child Interaction Therapy* (Hembree-King & McNeil, 1995 disregard pg. 94-97), which is the PCIT Coach Training Manual recommended by the WA PCIT Leadership Team.

C. Required Initial Training

- Successful completion of at least 24 hours of approved classroom training from a qualified PCIT trainer/consultant. The maximum number of participants in training is 12.
- Successful completion of at least one live coaching session following classroom training, observed/rated by a qualified trainer/consultant.
- Classroom training curriculum will include:
 - ♦ Assessment of family appropriateness for PCIT treatment.
 - ♦ Administration, scoring and interpretation of pre/post measures:
 - Eyberg Child Behavior Inventory (ECBI)
 - Parenting Stress Index (PSI)
 - 15-minute observation with Dyadic Parent-Child Interaction Coding System (DPICS)
 - ♦ Mastery criteria for Child Directed Interaction (CDI)/ Parent Directed Interaction (PDI) skills.
 - ♦ Coding of parent-child interactions in CDI and PDI role-plays and video with at least 80% accuracy.
 - ♦ Documentation of parent CDI/PDI skill mastery.
 - ♦ Assessment of achievement of treatment objectives.
 - ♦ Assessment of additional referral needs.
 - ♦ Assessment of parental readiness for treatment termination.
 - ♦ Documentation of progress/objectives achieved and discharge plan.
 - ♦ Appropriate report writing formats and protocols.

Quality Assurance and Improvement Process

The quality assurance and improvement system is ongoing and applies to both clinic based and in home PCIT providers. The primary goal for new and experienced therapists is to identify problems of model fidelity and provide assistance so the therapist can improve their practice. The goal with newly trained PCIT providers is to identify concerns with model fidelity early so additional training and supervision can be provided; for experienced providers, the goal is to prevent model drift.

A. New Providers

- PCIT providers are considered new providers until they have received two PCIT Model Fidelity Reviews.
- Subsequent to the initial three-day training the following steps will occur during the first year of PCIT practice.

Training/ Clinical Activity	Quality Assurance/Improvement Activity	Quality Improvement Activities/Action
Initial Training	Observation	Overall assessment provided on all participants following initial training by PCIT Trainer / Consultant to provider agencies and Children's Administration contact
PCIT Cases (on going, minimum of 3 and maximum of 12 at one time)	Progress notes	<i>Activity:</i> PCIT Provider begins providing services with oversight from local team and PCIT trainer / consultant
Supervised Case Review (on going, weekly staffing)	Case discussion, video tape review	<i>Activity:</i> PCIT inter/intra agency teams discuss cases and review video tapes and provide feedback to one another
Monthly Consultation with PCIT Trainer/ Consultant	PCIT Trainer/Consultant provides one hour of clinical consultation in person or by phone.	<i>Activity:</i> Verbal feedback provided by PCIT Trainer/Consultant to PCIT provider <i>Action:</i> PCIT Trainer/Consultant incorporates feedback into inter/intra agency team discussion
Live Coaching (at least once in first six months, additional as needed)	On site or live remote coaching of PCIT provider	<i>Activity:</i> Real time coaching/ feedback provided to PCIT provider <i>Action:</i> PCIT Trainer / Consultant incorporates feedback into ongoing consultation and reports level of mastery to provider agency and Children's Administration contact
Video tape Review (at least 3 tapes in first 6 months)	PCIT Trainer / Consultant reviews PCIT provider tapes	<i>Activity:</i> Written and verbal feedback provided to PCIT provider, with follow up information to provider agency and Children's Administration contact <i>Action:</i> PCIT Trainer / Consultant incorporates feedback into monthly consultation
PCIT Model Fidelity Review completed	Completion of PCIT Model Fidelity forms by PCIT Trainer / Consultant	<i>Activity:</i> PCIT checklist completed by PCIT Trainer / Consultant

Training/ Clinical Activity	Quality Assurance/Improvement Activity	Quality Improvement Activities/Action
semi-annually	Review of DPICS, ECBI, DPSI, and TAI scores for cases seen during past 6 months	<i>Action:</i> <ol style="list-style-type: none"> Feedback provided to PCIT provider by PCIT Trainer / Consultant PCIT checklist summary provided to provider agency and Children's Administration contact Regional Administrators provided with PCIT level of model fidelity of each PCIT provider at their site by Children's Administration contact

B. Timeline for experienced PCIT Providers

Training/ Clinical Activity	Quality Assurance/Improvement Activity	Quality improvement Activities/Action
PCIT Cases (on going, minimum of 3 and maximum of 12 at one time)	Progress notes	<i>Activity:</i> PCIT Provider provides services with oversight from local team and PCIT trainer / consultant
Supervised Case Review (on going, weekly staffing)	Case discussion, video tape review	<i>Activity:</i> PCIT inter/intra agency team discuss cases and review video tapes and provide feedback to one another
Monthly Consultation with PCIT Trainer/ Consultant	PCIT Trainer/Consultant provides one hour of clinical consultation in person or by phone	<i>Activity:</i> Verbal feedback provided by PCIT Trainer/Consultant to PCIT provider <i>Action:</i> PCIT Trainer/Consultant incorporates feedback into inter/intra agency team discussion
Video tape Review	PCIT Trainer / Consultant reviews PCIT provider tapes	<i>Activity:</i> Written and verbal feedback provided to

Training/ Clinical Activity	Quality Assurance/Improvement Activity	Quality improvement Activities/Action
(at least 1 tape per year)		PCIT provider, with follow up information to provider agency and Children's Administration contact <i>Action:</i> PCIT Trainer / Consultant incorporates feedback into monthly consultation
PCIT Model Fidelity Review completed semi-annually	Completion of PCIT Model Fidelity forms by PCIT Trainer / Consultant Review of DPICS, ECBI, DPSI, and TAI scores for cases seen during past 6 months	<i>Activity:</i> PCIT checklist completed by PCIT Trainer / Consultant <i>Action:</i> a. Feedback provided to PCIT provider by PCIT Trainer / Consultant b. PCIT checklist summary provided to provider agency and Children's Administration contact d. Regional Administrators provided with PCIT level of model fidelity of each PCIT provider at their site by Children's Administration contact
Booster Training	Annual Refresher	<i>Activity</i> PCIT provider participates in an annual booster training on PCIT
Informal Improvement Plan (if scoring 'Fairly Well' in model fidelity or below after 6 months of providing PCIT, not lasting more than three months)	PCIT Model Fidelity Review Video Tape Review	<i>Activity:</i> a. PCIT Model Fidelity forms completed b. Video tape reviewed for model fidelity (up to 6 tapes) <i>Action:</i> a. Overall feedback provided to PCIT provider by PCIT Trainer / Consultant b. Informal agreement developed outlining areas for PCIT provider to focus on in the next three month period. (The informal improvement plan may include additional fidelity monitoring, Live Coaching, and/or additional training) c. Informal plan shared by PCIT Trainer/

Training/ Clinical Activity	Quality Assurance/Improvement Activity	Quality improvement Activities/Action
		<p>Consultant with provider agency and Children's Administration contact</p> <p>d. Regional Administrators may be provided with elements of the informal improvement plan for the PCIT provider at their site by the Children's Administration, if deemed necessary</p>
<p>Formal Improvement Plan</p> <p>(upon unsuccessful completion of informal improvement plan not to last more than six months)</p>	<p>PCIT Model Fidelity Checklist</p> <p>Video Tape Review</p> <p>Informal Plan Outcome</p>	<p><i>Activity:</i></p> <p>a. PCIT Model Fidelity Checklist completed</p> <p>b. Video tape reviewed for model fidelity (up to 6 tapes)</p> <p>c. Informal improvement plan results reviewed</p> <p><i>Action:</i></p> <p>a. Overall feedback provided to PCIT provider by PCIT Trainer / Consultant</p> <p>b. Formal agreement developed in by PCIT Trainer / Consultant in concert with provider agency and Children's Administration contact outlining areas for PCIT provider to focus on in the next six month period. (The formal improvement plan may include additional fidelity monitoring, Live Coaching, and/or re-training)</p> <p>c. Formal plan presented to PCIT provider by PCIT Trainer / Consultant and Children's Administration contact</p> <p>d. The Regional Administrators will be informed of formal improvement plans by the Children's Administration contact</p>

C. Timeline for PCIT Trainer / Consultants

In addition to the elements listed above, PCIT Trainer / Consultants must meet the following requirements.

Qualifications of a PCIT Trainer/Consultant

- Has completed PCIT training and is current a PCIT provider.
- Has successfully completed PCIT with at least ten families (120 to 200 hours of direct coaching).
- Provides, or has access to, a facility and the equipment necessary to conduct classroom training and observe live coaching.
- Maintains membership on the Washington PCIT List Serve
- Attends State and/or National Conferences.
- Participates and remains active in PCIT Leadership activities.

Training/ Clinical Activity	Quality Assurance/Improvement Activity	Quality Improvement Activities/Action
PCIT Cases (on going, minimum of 3)	Progress notes	<i>Activity:</i> PCIT Provider begins providing services with oversight from local team and PCIT trainer / consultant
Consultant meeting with Children's Administration Program Manager (monthly)	Discussion of local team consultation issues and statewide PCIT QA activities	<i>Activity:</i> PCIT local team and provider issues and provide feedback to one another Discussion to include: <ul style="list-style-type: none"> • Consistency in consultation practice • Problem solving of individual provider concerns • Materials and events needed to support the consultants, including research articles and new training materials • Development of any improvement plans for providers
Consultant Consultation (as needed)	Discussion of PCIT consultation issues with PCIT expert	<i>Activity:</i> Discuss PCIT local team and provider issues to gain input on planning improvement activities